

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011173

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1297

STATE FILE NUMBER

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

44 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

109 WEST 78TH TERRACE

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

109 WEST 78TH TERR.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CORA

Middle

BELLE

Last

MADDOX

4. DATE OF DEATH

Month

MARCH

Day

3

Year

1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/3/72

## 9. AGE (last birthday)

89

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

JAMES HOLLENBECK

## 13b. MOTHER'S MAIDEN NAME

MARGARET

DRAKE

## 14. NAME OF HUSBAND OR WIFE

HARVEY O. MADDOX

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address 109 WEST 78 TERR. HARVEY O. MADDOX KANSAS CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

acute Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

3 days 12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Chronic Hypertension

20 yr's

## DUE TO (c)

Chronic Coronary Arteriosclerosis

20 yr's

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

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## 20f. CITY, TOWN, OR LOCATION

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## COUNTY

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## STATE

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21. I attended the deceased from Sept 26-1959 to March 3-62 and last saw her alive on March 3-62

Death occurred at 8:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deceased or title)

Donald R. Collins D.D. 5-10-62

## 22b. ADDRESS

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## 22c. DATE SIGNED

3-3-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

3/5/62

## 23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY

## (State)

MISSOURI

## 24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS

## ADDRESS

1331 BRUSH CR. KANSAS CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

3-5-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF Donald R. Collins MEDICAL CERTIFICATION

U. O. R. Collins  
8210 The Pines  
12.00.5:00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.